

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	JHG		6/23/07
<b>O.I.P.E. CLASSIFIER</b>			573-00
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	lw	CA480	8-18

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	10	31/07	12/23
2	7	27/07	12/23
3	5	16/07	12/23
4	0	17/07	12/23
5		07/08	
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16	✓	✓	✓
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	✓	✓	
23	✓	✓	
24	✓	✓	
25	✓	✓	✓
26	0	0	0
27	0	0	0
28	✓	✓	✓
29	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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